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ABSTRACT

A three-day seminar for nurses was conducted to improve their ability to communicate effectively with other people. The method used in this seminar was microteaching. The basic ingredients of the microteaching concept are the communication techniques dimension, the teach-reteach dimension, and the immediate feedback dimension. Under the direction of a supervisor and working with others in the seminar, each participant demonstrated and spoke on the topic of her choice, with the aim of instructing the listeners. Each demonstration was recorded on video tape. The tape was viewed and analysed, followed by direct question and answer sessions and suggestions for improvement by the supervisor. The benefit of immediate feedback and reaction was apparent, and each participant developed more self-confidence as the seminar progressed. The concensus of opinion at the end of the session was that microteaching is a valuable tool not only for improving communication skills but also for improving teaching techniques. (JD)

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NURSES IMPROVE THEIR PERSONAL COMMUNICATION

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A nurse was discussing with four colleagues the appropriate range-of-motion exercises used for the rehabilitation of a patient with limited motion in the arm, wrist, and hand. This common every day occurrence in the nursing world was actually being simulated in a seminar situation in order to help nurses develop more effective communication techniques. This nurse was actually giving a five minute presentation to her four colleagues in order to analyze and improve her personal communication. At the conclusion of the five minute presentation the nurse, her colleagues, and a supervisor sat down and viewed a videotape of the presentation. After viewing the videotape, they discussed the presentation and made comments about its strengths and weaknesses. This immediate feedback indicated that the nurse was talking too fast and was not including the others in the discussion. Armed with this feedback and suggestions for improvement, the nurse then repeated the same presentation to four different nursing colleagues. After viewing the second presentation the nurse, colleagues, and supervisor felt the presentation was much improved.

This training seminar for nurses illustrated that the microteaching concept, originally developed for the training of pre-service teachers, could also be of significant value to nursing personnel. Basically, microteaching reduces the complexities of the normal encounter and greatly increases the level of feedback. The basic ingredients of the microteaching concept are: 1) the communication techniques dimension, 2) the teach-reteach dimension, and 3) the immediate feedback dimension.

The first dimension, communication techniques, has evolved from the assumption that the complex communication act can be broken down into more easily trained skills, thus a person can acquire a repertoire of communication skills to use in a variety of situations. This repertoire of skills would then allow the nurse to be more flexible and versatile since she now has more

options available. Listening, variety and variation, questioning, and closure are a few examples of the communication techniques studied in this seminar.

The second dimension, teach-reteach, is a process which allows a person to teach a concept, receive feedback regarding that performance, internalize the feedback, incorporate suggested improvements into the lesson, and then reteach the lesson to see the results of the changes. This gives the nurse the opportunity to immediately try out and evaluate various communication skills.

The third dimension is immediate feedback. This dimension actually has three aspects which are: 1) subject feedback, 2) videotape feedback, and 3) supervisor feedback. Subject feedback means that the people who are being taught have the opportunity to express their feelings about the strengths and weaknesses of the presentation. The second concept, videotape feedback, gives the presenter the opportunity to actually view the presentation just completed. This self-confrontation allows the person to see herself as she actually was and compare other types of feedback to the actual presentation.

The third aspect, supervisor feedback, becomes the catalyst between the subject and videotape feedback. Once a person has identified an area to work on, she then needs suggestions on what to do next. The supervisor, then, can suggest alternatives that the nurse might try and help her to plan for the reteach session. Thus, the well-informed and sensitive supervisor becomes the difference between a fair microteaching experience and an excellent one.

Seminar Organization

The training seminar for nurses took place over a three-day period. The seminar was organized into nine sessions to give the nurses maximum

opportunity to try out a variety of communication techniques in order to improve their own communication.

A brief account of the process followed in the nine sessions will help illustrate the progression through the seven communication techniques studied. Session 1 was open ended in that the participants were simply asked to develop a five-minute presentation of their choice after which they would view the video-tape of the session. The purpose of the first session was to familiarize the nurses with the procedure, get over initial jitters caused by the unknown, and get over the "cosmetic effect" which seems to always be present the first time one sees and hears oneself on television. The supervisor is present at the presentation and playback, but only to point out positive aspects of the first session.

At the end of the first and succeeding sessions, the nurses were given a written description of the communication technique to be focused on during the next microteaching session. These written materials consisted of an explanation of the skill, detailed steps for practicing the skill, and a copy of the evaluation sheet to be used.

Session 2 focused on the skill of set induction beginning a presentation. The skill was chosen as the first since it is a relatively easy one to grasp and most participants would feel comfortable trying it out. Sessions 2 through 7 followed the teach-reteach cycle discussed earlier. This allowed each nurse to try, evaluate, replan, and reteach each skill. The third session focused on questioning. Up to this point most of the nurses were doing most of the talking in the micro-presentations. Questioning was a first step in reducing their talk and increasing the recipients participation. In Session 4 the concept of reinforcement was introduced. Now that the nurses were getting more participation from their audience they needed to be made aware of the positive effects of rewarding this participation. Session 5 focused on probing

questions, which takes the questioning skill to a higher level. This skill forces the presenter out of the "yes-no" type question into a questioning pattern that requires a more substantial response. Probing, of course, draws heavily on the questioning and reinforcement skills.

Session 6 forced the participants to change gears a bit and look at the types of things they are doing during their short presentation. The skill of varying the stimulus illustrates the concept that a variety of activities such as the use of media, use of illustrations, moving around the room, varying the pace of the presentation, tone of voice, and so on, help to hold attention and increase interest. Session 7 reinforces this notion by concentrating on the skill of using examples. Examples can often be used effectively to clarify a concept, illustrate a point, or introduce a new body of knowledge. The final skill introduced during this three-day seminar was closure. In session 8 the participants used the skill of closure to focus on tying together main points and summarizing key concepts in the presentation.

The final session, Session 9, was used to give each nurse an opportunity to tie together all of the skills that they had been practicing. The micro-teach session was extended from five to twenty minutes so that they had more time to develop a comprehensive presentation and integrate all of the skills they had been producing into the presentation. There was no reteach during this session, but instead an extended videotape analysis session was undertaken.

Reactions

"I didn't think I could change so much in three days." "I had no idea that there were so many different ways to teach others something." "I almost died when I saw how I looked and sounded, but after that last session, I really felt good." "I wish we could do this some more." These are just some of the comments that the nurses wrote on their seminar evaluation sheets after the last session.

The evaluation sheet had 12 questions and space for comments. In response to the questions, most of the participants (85%) felt anxious or nervous before their first microteach and 90% of them were not sure they wanted to do it at all. However, by the end of the three days, all of the nurses felt that the experience was beneficial and that they learned a great deal about teaching. Most of the nurses (60%) felt that they would have benefited from more time spent on microteaching while the others (40%) felt that three days was just right. In the area of communication skills, all of the nurses felt that focusing in on specific skills was very beneficial. Also 55% of the nurses felt that the pace of learning the skills was fine, while 45% felt a little more time could be spent on each skill. In the area of feedback, all of the nurses felt that the ability to watch themselves on videotape was extremely beneficial and they highly recommend the videotape feedback even though they were extremely anxious about it at the beginning. They felt generally that the student feedback was helpful (70%) while 30% felt that the student feedback could have been more focused. All of the nurses had high praise for the supervisor feedback, with very positive reactions to the helpful suggestions and focused comments of the supervisors. All of the nurses felt that their microteaching experience would have a Practical effect on their ability to communicate effectively with others.

Conclusions

This seminar illustrated that the microteaching concept could be of benefit to experienced people who were responsible for communicating information to others. In this particular case, the communication of information is extremely essential. The nursing profession has long recognized that they must keep up-to-date with new ideas, procedures, and equipment in order to insure that the patient receives the best care possible. Thus, anything that can facilitate and improve communication is very impor-

tant to the profession.

The nurses that participated in the seminar felt very positive about the opportunity to try out a variety of communication methods and test their effectiveness. Also, the nurses came away with ideas that were above and beyond what had been planned by the seminar organizers. One nurse came up with the idea of videotaping certain standard procedures so that they could be shown, at will, to new nurses. This idea generated a tremendous discussion one evening with the end result being a number of nurses outlining some concepts and procedures that they hoped they could put on videotape when they returned to their hospitals.

Another beneficial side effect was the fact that the microteaching process seemed to stimulate a great deal of "shop talk" among the nurses during free time periods. It was not uncommon to find groups of nurses sitting up late into the evening discussing teaching strategies, ways to utilize videotape, and so on. One nurse summed it up very nicely when she said, "I've learned a great deal from this seminar, both from the formal sessions and from our own informal sessions."